Dr. Sigmund Freud, Pseudoscientist†

R. M. LATTEY,, M.D.*

Freudian thought and theory is so widespread in modern psychological literature, and in art and writing, that it is very easy to assume that because of this acceptance, it is necessarily true. Let us not forget that at one time it was heresy to suggest that the earth might go round the sun, or indeed that the earth was round at all. Such explanations as 'Nature abhors a vacuum', and 'A heavy body will fall faster than a light one, because weight is the property which makes a body fall', were accepted as logically sound by some of the best minds of their day. In other words, because a set of ideas is widely accepted, it should be immune from criticism, quite the contrary.

The unthinking belief in psychoanalytical theory is made particularly easy by the fact that it has invaded our daily life in literature and art, but it is noticeable that the really great writers and artists do not need to offer explanation for their work, we need no reason to admire it. It is the second rate who noisily proclaim their Freudianism, and the more esoteric the theories on which they base their work, the poorer is the work.

The final flower of Freudian thought is Psychoanalysis, at once a research tool, and a method for treating the mentally ill. According to its advocates, this method requires the patient to spend an hour a day with the analyst, five days a week, for a period of 2 to 5 years. I have been 25 years in practice, and I have never yet met a patient who could afford the time and money for such treatment, though I know that there are people who indulge in such impractical non-

sense. At this point we should ask if perhaps Freud's greatest contribution to the world was not the perfection of a system of pseudoscience, and the methods for putting it across to a gullible medical profession, and to the public?

My suspicions about this were finally brought to a head when I read that Freud's closest friend was Dr. Wilhelm Fliess, a nose and throat surgeon with numerological fancies, who imagined that all the major events in a person's life could be calculated from the addition or substraction of multiples of periods of 23 and 28 days. He compiled exhaustive tables on these periods and never realized that any number he wished could be produced by this method, thus rendering his theories meaningless. Freud admired Fliess's work tremendously, and the friendship only ended because Fliess found even Freud's admiration insufficient. One is led to wonder how anyone could admire this fatuous piece of Teutonic cracknottery who was not himself tarred with the same brush.

Before I go any further I should explain what I mean by the term 'pseudo-scientist'.

In true science observations are made, and then some intelligent and imaginative person makes a hypothesis, or theory to explain these observations. If the theory is a good one, it points the way to further observations and experiments. If these refute the theory, it is discarded, a stepping stone which is no longer useful. If the theory is supported by the evidence, then it is further tested until its useful life is ended or until it is apparent that it has such widespread validity that

further testing must await more refined observational methods. Thus science can be likened to a staircase where the risers are theories, and the steps on which they rest are observed facts. The work of Louis Pasteur presents a truly magnificent example of this method.

In pseudoscience we dispense with careful observations, and the rigid testing of each theory. Here, the theory is the thing, and is chosen rather in the manner of a woman choosing a hat. If tests are carried out they are selected to support the theory, not to put it on trial. To erect a theoretical structure in the pseudoscientific manner requires the use of certain tricks and devices, and while these are not new, Freud became a supreme



†Paper especially written for this issue of the CANADIAN FAMILY PHYSICIAN.

*R. M. Lattey, M.D. practices in Vernon, B.C.

Prerequisites for therapeutic success with Persantine therapy are:

Adequate dosage 50 mg, T.I.D.

Proper time of administration

To ensure maximum absorption, Persantine should be taken on an empty stomach, one hour before meals.

Prolonged and uninterrupted therapy

Clinical response with Persantine is gradual, usually reaching a maximum effect within three months of uninterrupted therapy.

Persantine® 2,6-bis-(diethanolamino)-4,8-dipiperidino-pyrimido-(5,4-d) pyrimidine

Dosage The recommended dosage is 50 mg, three times a day, taken at least one hour before meals.

Side Effects Instances of mild gastric distress have been reported.

Precautions Since excessive doses can produce peripheral vasodilation, the drug should be used cautiously in patients with hypotension.

Contraindications No specific contraindications are known.

Availability Each round, orange, sugar-coated tablet contains 25 mg (dipyridamole) Persantine in bottles of 50 and 500. Each round, coral, sugar-coated tablet contains 50 mg (dipyridamole) Persantine in bottles of 60 and 250.

Full prescribing information is available on request.



Boehringer Ingelheim Products Geigy (Canada) Limited Montreal 308, P.Q. master in their development and use. These methods can be grouped in the following headings.

1. The use of obscure and difficult terms: the art of expressing simple ideas in a complicated way.

2. The use of authority; the claim that the author's studies are so deep, erudite and extensive that no one else is in a position to criticize.

3. The ploy "If you don't agree, it's because you just don't understand".

4. The skillful use of the untestable hypothesis. i.e. instead of devising theories which lead to further tests and observations, exactly the opposite is done. The best pseudo scientific theories are so made that they can never be tested, and hence cannot ever be refuted.

The appearance of methods one to three in any work should make us suspicious but four, the untestable hypothesis, is the absolute criterion separating science from pseudoscience.

In all Freudian writings we find free use of methods one and two. One can take almost any sentence and if it makes any sense at all, it can be expressed far more simply. Method three comes in two main forms:

(A) Only those who have been themselves psychoanalysed can understand psychoanalytical theory, and only those are in a position to criticize it, or to treat the mentally ill. In other words, you can only put these theories to the test if you first accept the truth of that which you are setting out to prove.

(B) If you do not agree with our findings, this is because they disturb unresolved conflicts in your own subconscious mind. You are afraid to face the truth. There is no way in which this proposition can even be discussed and as the Freudian will only accept evidence on his own terms of reference, he remains forever unshakable in his smug little eyrie. These ideas appear so consistently throughout psychoanalytical literature that we have a right to be suspicious, and to examine some of Freud's theories.

Let us start with one, the most basic; that there is an entity called the subconscious mind and that the memories of traumatic events may be repressed into this subconscious giving rise to neurotic illness. When these memories are brought back into consciousness, by psychoanalysis, the illness is cured.

If this theory is valid, then some of the patients who are brought to remember their repressed material should get well. (Not all because there may still be some unrecovered material remaining.) On the other hand none of the patients who fail to go through this process should recover.

In practice we find that some of those psychoanalysed do get well. However, sick people have been treated by a great variety of other methods, and many of these people get well without recovering any repressed material at all. People also get well spontaneously, with the help of friends, as a result of a happy love affair, from membership in A.A., from group therapies, from electro shock, and many other causes. Therefore, the recovery of repressed material is not an essential part of getting well from neurotic illness. Nevertheless, theory is retained enshrined and fossilized in gold forever. The mechanism whereby this is done is interesting. It is claimed that cures by other methods are not real cures, because only psychoanalysis can cure and since the patient was not psychoanalysed he can't be cured. He may feel well, seem well, and be enjoying life, but something very subtle is said to be lacking. Logic may be cracked, and facts turned out in the cold, but the sacred theory is preserved.

As a pseudoscientific theory this one has a weakness, it can be tested, and when found wanting, needs some ingenious sophistical support. Some others are better, in that they are either untestable, or can only be tested in such a way that the testor can control his results and ensure that his beloved theory will remain safe.

Freud investigated, by his own methods, and using no other approach to check his results, a number of middle class men and women in Vienna around the end of the last century. All of these people were suffering from severe neurotic disorders. He also read some Greek mythology. As a result he claimed

SURMONTIL

trimipramine

Surmontil is a drug with both anxiolytic and antidepressant actions.

Indications: all types of depressions.

Dosage: ORAL ROUTE — ambulatory treatment: 50 to 75 mg per day in minor depression and 75 to 150 mg per day in neurotic depression. Hospitalized patients: 200 to 300 mg per day. The daily dosage, given in 2 or 3 divided doses, must be reached progressively, i.e.: initial dose of 100 mg per day in bed patients and 25 or 50 mg in ambulatory patients. Maintenance treatment: when response is satisfactory, dosage should be reduced to the smallest possible amount; it can be as low as 12.5 mg 4 times a day. The I.M. ROUTE is sometimes used to initiate treatment: 50 to 100 mg per day in 2 to 4 deep injections, under medical supervision and with the patient in bed for the first few days.

Tolerance: satisfactory in most cases. Side effects are rare and generally subside upon reduction of dosage. They may be: functional — vertigo, unsteadiness when standing, drowsiness, dryness of the mouth, palpitations; neurological — mixed-type trembling (volitional and passive), convulsive seizures (very rare); psychiatric — inversion of mood, confusion in patients over 60, anxiety (rare).

Precautions: MAOI should not be associated with Surmontil; 15 days should elapse between the use of Surmontil and the interruption of the MAOI. In cases of arteriosclerotic, hypertensive or geriatric patients and chronic alcoholics, the I.M. route is contraindicated and oral treatment should be started at a low dosage, to be increased progressively. The safety of Surmontil in pregnancy has not yet been established.

Treatment of overdosage: symptomatic (no specific antidote): gastric lavage or administration of an emetic. In cases of hypotensive collapse, place the patient horizontally or in the headdown position; norepinephrine may be used if necessary.

Presentations: tablets of 12.5, 25 and 100 mg; ampoules of 2 ml, 25 mg (12.5 mg per ml), I.M.



that all human beings go through a stage when they sexually desire the parent of the opposite sex and wish to kill the the parent of the same sex. Observe first that he has drawn these sweeping conclusions from a very limited sample of an equally restricted class of people, and, second, that on his own statement, these conclusions could seldom be made, except after a very prolonged series of sessions in which the investigator had every opportunity to influence the subject. In fact, it is highly probable that he could be induced to end up with any complex which the investigator had in his mind. Should some other investigator fail to come to the same conclusions then he could be told that his investigation was inadequate. In addition, it would be hard to conceive that a large group of healthy subjects could be found to act as controls in such a protracted investigation.

This theory is certainly much harder to test, if not impossible, but I should like to cite two more very fine examples of the art of theory worship. These are the notion of the Death Instinct and of Birth Trauma.

The idea of a death instinct may be bad science but it is first rate pseudoscience. It is bad science because all other types of behaviour which are referred to as instinctual have strong values for the preservation of the species and can usually be traced in variation and in more primitive forms in related species. A death instinct does not have survival value, and the human race could scarcely have survived so many adverse circumstances with this ball and chain on it's instinctual machinery. For that matter the genes for the passing on of such an instinct could not survive long either.

The theory is a fine example of pseudoscience in that it explains nothing, leads nowhere, and is utterly impossible to verify in any species where the majority of its members do not die by suicide. Perhaps Dr. Freud was thinking of the Phoenix.

My favorite specimen is the notion of birth trauma. This does not refer to the fact that some babies are damaged as a result of a diffi-

cult labour, it is an idea that birth is a traumatic experience which may be the basis for later neuroticillness. Since everyone of us without exception must necessarily have been born, no controls are available. We cannot examine the born and compare them for evidence of birth trauma with those not born. Whether this experience is traumatic or not is of no consequence, because it is an unavoidable experience. Not only is this theory untestable, it is very erudite nonsense. We are afraid to criticize, lest we be thought less learned. Please remember the story of the Emperor's new clothes.

I shall not cite any more examples of Freud's great invention, the empty hypothesis. Let us give him credit for discovering a number of real and useful facts, but let us also acknowledge that his theories bear the same relation to a true science of mental activity, as astrology does to astronomy. Astrologists made many sound and useful observations. The theory of astrology which they supported with these observations was hogwash.

I would suggest to anyone who has read this article, that next time you look through some psychoanalytical oriented writing, and get that familiar feeling of uneasiness and irritation, you compare this feeling with that which you get from reading about dienetics, scientology, of weight reduction without eating less.

These feelings are not your untamed neurosis, nor do they mean that you are a little stupid. They are the natural reaction of the healthy and well trained mind, to woolly thinking and theories stacked high and unsupported as a house of cards.

The organizing committee for the fourth Australian general practitioners' meeting, to be held in Brisbane, Australia May 17-23, 1969, has extended an invitation to all members of the College of Family Physicians of Canada to attend the meeting.

Interested members should contact: The secretary, Fourth Australian General Practitioners' Convention, P.O. Box 1498, Brisbane, Queensland, Australia.